PTO/SB/31 (02-09)

Docket Number (Optional)

Approved for use through 03/31/2009. OMB 0651-0031
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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

| Land Sound St. Little All CAES AND INTERPER | KENCES | |
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| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on | In re Application of Deaduy/ex Oyus Bighain SAWA Application Number Filed Filed | |
| Signature | For | |
| Typed or printed name | Art Unit Examiner Sear Dougher | |
| Applicant hereby appeals to the Board of Patent Appeals and Interference | es from the last decision of the examiner. | |
| The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) | \$ 540°0 | |
| Applicant claims small entity status. See 37 CFR 1.27. Therefore, to by half, and the resulting fee is: | the fee shown above is reduced $\frac{540}{270}$ | |
| A check in the amount of the fee is enclosed. | | |
| Payment by credit card. Form PTO-2038 is attached. | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No | | |
| A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. | | |
| WARNING: Information on this form may become public. Cred be included on this form. Provide credit card information and a | it card information should not nuthorization on PIO-2038. | |
| I am the | | |
| applicant/inventor. | Som H James | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | SAM H. Bigham Typed or printed name | |
| attorney or agent of record. Registration number | 440-346-4490 | |
| attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. | 7/17/09 | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | |
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This collection of information is required by 37 CFR 41.31. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.6. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313- | Application Number Filed | |
| 1450° [37 CFR 1.8(a)] | 11/625,312 11/20101 | |
| 011 | For | |
| Signature | , | |
| orginaturo | Art Unit Examiner | |
| Typed or printed | 111122 6.0 | |
| name | 1 7123 Dean Vougherty | |
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| Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. | | |
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| | $(30 ()_{\alpha})_{\alpha}$ | |
| applicant/inventor. | John Rody | |
| | Signature | |
| assignee of record of the entire interest. | (Nucic Deadly rule | |
| See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | GIVIN DENGWING | |
| (FOIIII F 10/3b/90) | Typed or printed name " | |
| attorney or agent of record. | 2011 210 110-1 | |
| Registration number | 1 216 310 9024 I | |
| | Telephone number | |
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| attorney or agent acting under 37 CFR 1.34. | \cdot $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ | |
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